

10/516673

Please type a plus sign (+) inside this box ☐

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>	Attorney Docket Number	J&J-2110	
	First Named Inventor	DAVID, Alexandre	
	<i>COMPLETE IF KNOWN</i>		
	Application Number	10/516673	
	Filing Date	05/27/2003	
	Group Art Unit		
	Examiner Name		

☒ Declaration Submitted with Initial Filing    ☐ Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)    OR

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.  
 I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

STAND-ALONE PACKAGING FOR TUBES  
*(Title of the Invention)* ✓

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 05/27/2003 as United States Application Number or PCT International Application Number 10/516673 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
02291282.8 ✓ WO 03/099677 <i>PCT/EP03/05719</i>	EP ✓ PCT ✓	05/27/2002 ✓ 5/27/2003 ✓	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

10/516673

DECLARATION - Utility or Design Patent Application		
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.		
<b>Application Number(s)</b>	<b>Filing Date (MM/DD/YYYY)</b>	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:		
<b>Application Serial No.</b>	<b>Filing Date</b>	<b>Status</b>
		Patented Patented Patented
I hereby appoint: <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="width: 60%;"> <input checked="" type="checkbox"/> Practitioners at Customer Number <span style="border: 1px solid black; padding: 2px 10px;">000027777</span> <p style="margin-top: 10px;"><b>AND</b></p> <input type="checkbox"/> Practitioner(s) named below:  <u>Name</u> <span style="margin-left: 100px;"><u>Registration Number</u></span> </div> <div style="width: 35%; text-align: center;">             Place Customer              Number Bar Code              Label Here           </div> </div>		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.		
Address all telephone calls to SHARON E. HAYNER at telephone number (732) 524-2242.		
Direct all correspondence to: <div style="display: flex; align-items: center; margin-left: 20px;"> <div style="text-align: center;">             Customer Number  <input checked="" type="checkbox"/> or Bar Code Label             <div style="border: 1px solid black; border-radius: 50%; padding: 2px 10px; margin: 0 10px;">000027777</div> </div> <div style="margin: 0 10px;">OR</div> <div style="text-align: center;"> <input type="checkbox"/> Correspondence address below           </div> </div>		
Name:		
Address:		
Address:		
City:	State:	ZIP
Country	Telephone:	Fax:

10/516673

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) ALEXANDRE

Family Name

or Surname DAVID

Inventor's  
Signature

Date

7-10-05

Residence: City ROUEN

FRX

State

Country FR

Citizenship FR

Mailing Address 244 MARTAINVILLE

City

ROUEN

State

ZIP F-76000

Country FR

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) RETO

Family Name

or Surname EGLI

Inventor's  
Signature

Date

14/09/2005

Residence: City LUZERN

CHX

State

Country CH

Citizenship CH

Mailing Address KAUFFMANNWEG 17

City

LUZERN

State

ZIP CH-6003

Country CH

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) SANDRA

Family Name

or Surname GRANDHAYE

Inventor's  
Signature

Date

7/10/2005

Residence: City LES DAMPS

State

Country FR

Citizenship FR

Mailing Address 74, ROUTE DE L'EURE

City

LES DAMPS

State

ZIP F-27340

Country FR

Certified

The signature of Reto Egli, born 28 - 10 - 1974, from Switzerland, in Lucerne/  
Switzerland, is correctly his.

This is certified by the Notary Public on September 2005

Je soussigné, Notaire à Lucerne,  
certifie ci-dessus la signature de M. David ALEXANDRE  
né le 28 octobre 1974 à Lucerne et de Mme Sandra GRANDHAYE  
née le 7 octobre 2005.



The notary public:  
Dr. iur. Urs Hofmann